DOCUMENT RESUME

ED 462 155 PS 030 081

AUTHOR Yarbrough, Karen W.
TITLE Step by Step: Incorporating Developmental Screening into Programs and Services for Young Children. Birth-2-3 Best Practices.
INSTITUTION Ounce of Prevention Fund.
SPONS AGENCY Robert Wood Johnson Foundation, Princeton, NJ.
REPORT NO No-1
PUB DATE 2001-00-00
NOTE 13p.; This brief was produced by the Best Program Practices and Outcomes Committee of the Birth to Three Project.
AVAILABLE FROM Ounce of Prevention Fund, 122 South Michigan Avenue, Suite 2050, Chicago, IL 60603-6198. Tel: 312-922-3863; Fax: 312-922-3337; Web site: http://www.ounceofprevention.org.
PUB TYPE Guides - Non-Classroom (055) -- Reports - Descriptive (141)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Early Identification; *Infants; Prevention; Program Development; Program Implementation; *Toddlers
IDENTIFIERS *Developmental Screening; *Screening Programs

ABSTRACT

This brief, the first in a series exploring key issues of program quality and best practices within prevention programs for pregnant women and children from birth to 3 years of age, focuses on ways to incorporate developmental screening into programs and services for young children. The brief defines developmental screening and discusses its role as a key preventive service for all young children. Also described are considerations for setting up a developmental screening process in different types of programs, services, and settings. Key best practice elements for developmental screening are presented, related to screening frequency, the screening instrument, follow-up, and parent involvement. The brief also offers tips for working with parents in the screening process and provides information on commonly used developmental screening tools, including the Ages and Stages Questionnaires, the Battelle Developmental Inventory Screening Test, the Denver II Developmental Screening Test, and the Parents' Evaluation of Developmental Status. Finally, the brief lists additional organizational and Internet resources for information on developmental screening. (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document

ED 462 155

Step by Step

Incorporating Developmental Screening into Programs and Services for Young Children

PS 030081

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
Karen Freel
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1

BEST COPY AVAILABLE

BIRTH ▶2▶3 BEST PRACTICES
A publication of the Birth to Three Project • Issue No. 1

Molly is Susanna's second child. Susanna knows how important the first three years of her baby's life are and she wants to do everything she can to contribute to the positive development of her baby during this critical period. Even though she has another child and has been through the experience of caring for an infant and toddler, she still has some questions about the care and development of her baby.

As Molly grows, Susanna recognizes that she is displaying certain abilities on a different timetable than her older son. Molly is a very chatty baby; she began talking by "cooing" and "ooing" much earlier than her older brother. Yet several months later, Susanna becomes concerned when Molly is not yet able to crawl. She wonders if this is normal, and whether Molly's development is "on track" for her age.

Parents, like Susanna, notice and are concerned about the development of their children but may not be able to tell whether their child is developing typically or what they can do to optimally support their child's future growth. Most parents understand the importance of immunizations and taking their children to the doctor for well-child visits but may not know where to turn with other questions.

How can families better understand and make the most of this period in their children's development? Parents need a place and a knowledgeable, trusted person with whom to discuss child development. This person must provide information and initiate developmental discussions, listen to parent concerns, and answer questions. **A process of comprehensive developmental screening provides a means to monitor, describe and discuss all domains of development with parents and should be a key preventive service that is as regularly expected and anticipated as immunizations or well-child physical examinations.**

The rapid growth and development that takes place within the first three years of life is well known and documented. The basic and important skills gained during this period become the foundation for all development that is to follow. Yet the rate at which children develop and the age at which children display certain abilities varies a great deal. This variability makes it difficult to determine whether a child is developmentally right on track, a bit delayed but within a normal range, or significantly enough delayed to signal a developmental disorder.

Several studies estimate that 12% to 16% of children in the United States have developmental or behavioral disorders.[1] These disorders can affect gross motor, language, intellectual, and/or social and emotional development. If one area of development is delayed, it may have an impact on other areas. Systematic screening can result in early diagnosis of children with delays and disabilities including mental retardation and severe developmental disorders. Early identification and intervention can improve outcomes for children with delays in most areas of development. Unfortunately, about half of these developmental problems go undetected until children enter school.[2]

In This Issue

- Developmental screening: what it is and why it is a key preventive service for all young children
- Considerations for setting up a process of developmental screening in different types of programs, services and settings
- Key best practice elements for a process of developmental screening
- Tips for working with parents in the screening process
- Information on commonly used developmental screening tools
- Additional resources for information on development screening

What is Developmental Screening?

Developmental screening is a process designed to identify children who may have a developmental delay or disability and require further evaluation. Screenings should include the areas of cognition, communication, motor, social and emotional, self-help, sensory development, and problem solving skills. Screening also presents the opportunity to provide valuable information to parents and open a dialogue with parents about their child's development. It creates "teachable moments" for providing anticipatory guidance — supplying parents with information about developmental milestones at different stages in the growth and development of their children while facilitating an understanding of what is going on now and what to expect next. This process helps parents understand that, while there are some general developmental milestones, there is a range of "normal" developmental expectations.

Carole Robertson Center for Learning: Developmental Screening in Child Care

The new Infant/Toddler Program at the Carole Robertson Center for Learning makes developmental screening a regular component of the child care program. At the parent orientation, staff introduce the concept of developmental screening and explain that it is something all children will receive on a regular basis. Information from the screening is used to facilitate an ongoing dialogue between the parent and teacher about the individual child and age-appropriate developmental issues. All children receive their initial screening within approximately six to eight weeks of enrollment at the Center. Following the first screening, infants under one year are screened at least every three to four months and children over one year of age are screened at least every six months. The Infant/Toddler Program Coordinator works closely with teachers at the center to administer the Denver II Developmental Screening Test to babies under four months of age and the Ages and Stages Questionnaires to children four months of age and older. If the results of these standardized screening tools indicate a concern, a conference is set up including the child's parent(s), the teacher, the Infant/Toddler Coordinator and a member of the center's social services staff. During the conference, staff discuss developmental screening findings with the parent as well as eliciting the parent's input about their child's development.

Screening is not a one shot deal. Because of the complexity of development in the early years, a single screening only provides a snapshot at one point in the dynamic process of development and must be viewed in the context of development over a period of time. **Developmental screening is a systematic process that an appropriately trained individual undertakes periodically using an objective tool to screen in all domains of development (e.g. cognitive, physical, social and emotional, problem solving, self-help).** The examiner then uses this information to discuss development with parents and to refer the child and family for evaluation or other services as necessary. Screening cannot definitively indicate a delay or disability nor can it provide a diagnosis; it is only used to determine if further evaluation is necessary. Using multiple sources of

continued on page 3

Ounce of Prevention Fund/Parents Too Soon: Developmental Screening in a Home Visiting Program

All Parents Too Soon (PTS) programs provide periodic developmental screening as part of their comprehensive support for teens with young children. In PTS programs, trained home visitors use the Denver II Developmental Screening Test to screen children at three, six, nine, and twelve months of age and every six months thereafter until age six. Parental involvement in the screening process is emphasized. The home visitors use the screenings as a strategy to promote parent-child relationships and parent-home visitor collaboration. Home visitors are trained by a Denver Master Trainer at the Ounce of Prevention Fund. The training involves a classroom component on how to conduct screening with this tool, interpret results, and discuss those results with parents. As a follow-up to the initial training, the Master Trainer reviews twelve screenings for each staff member trained and performs live observations to ensure skill acquisition. Advanced training is provided each year to reinforce the correct use of the tool as part of a home visit, and to refresh staff on the procedures for referring children for further assessment. The PTS management information system, known as StarGate, tracks the screenings on each child and generates reminders for home visitors on when the next screening is due.

information about development, especially parental concerns and observations, is essential in conducting screening. Over the past several years, tools available for screening very young children have improved a great deal.[3] A number of standardized tools are available for screening very young children. *[See the Resources Section.]*

Developmental screening takes place in a number of settings including physicians' offices and primary care clinics, child care centers, homes, prevention programs (Early Head Start, Healthy Families Illinois, Parents Too Soon, etc.), school districts, and community settings. Any number of program staff who work with children younger than three can be trained to provide developmental screening including physicians, nurses, developmental specialists, home visitors, and child care providers. For screening to be most effective it should take place in the context of an ongoing relationship. The screener should be someone who is familiar with the child and family in order to more accurately understand the child and his or her developmental progress. The American Academy of Pediatrics emphasizes that pediatricians are in a key position to provide developmental screening to very young children as well as anticipatory guidance to their families through periodic well-child visits.[4] Many families may not be involved in other systems or services that offer developmental screening. Well-child visits may be the only opportunity those families have to access developmental screening.

Common Myths About Developmental Screening

There are many myths that may discourage individuals from incorporating developmental screening into their existing program or services offered:

Myth 1: The baby's physician sees the baby on a regular basis and would let a parent know if something was not right or on target regarding the baby's development.

Many infants and toddlers do not have access to a regular source of medical care or do not receive well child visits on a regular basis. Screening works best when administered by a trained individual who knows the child and family and when the child is healthy, but families who only seek medical attention when their child is sick may not see the same medical provider each time.

Even when children receive well child visits on a regular basis, they do not necessarily receive a thorough developmental screening with an objective tool. A recent Illinois survey found that while approximately 92% of physicians reported conducting developmental screening on a regular basis, only 39% reported that they were using a published, standardized screening tool.[5] Research documents that using clinical judgment instead of a formal screening tool detects fewer than 30% of children with delays and disabilities such as cognitive impairments, learning disabilities and language delays.[6]

Myth 2: There is nothing that can be done even if a problem is identified. There are few services available for children under three and services may not be effective for very young children.

Research has shown that early intervention for children birth to three can be very effective in promoting children's cognitive, language, physical, and social emotional development. Illinois has established the Early Intervention (EI) system for families with children birth to age three who have a developmental delay or disability or who are at risk of delay. To be eligible for EI services, a child must be evaluated through a Child and Family Connection (CFC) agency and meet specific criteria to receive services. Children and families can receive up to sixteen services including speech, physical and developmental therapies, nutritional and psychological services, and service coordination.

Myth 3: Providing screening is the responsibility of another provider or program.

Although many providers are conducting developmental screening, never assume that a child is receiving screening elsewhere. While developmental screening should be an essential component of services in all birth to three programs and settings (e.g. primary health care offices and clinics, home visiting programs, child care centers), currently, it is not. Additionally, children and families may only be participating in one program.

Myth 4: Developmental screening is too complicated and expensive to do within our program setting and budget. We don't have the expertise required to do developmental screening and making a false alarm could seriously harm or upset the child and family.

Some newer tools are less expensive to purchase. Work with other programs to share resources and tap into existing resources for training to alleviate some costs.

Developmental screening only indicates the need for further evaluation; it cannot definitively indicate a delay or disability. Going through the evaluation process may be scary for parents, but it will not harm the child. It is better for a child to have an evaluation than to miss the opportunity to engage a child in services and prevent a more severe delay or disability.

Myth 5: Screening takes too much time.

Administering a developmental screening tool and discussing the results with parents can be done in a short time by a well-trained staff member. It can be an effective strategy to bring developmental information into your work with a parent. Additionally, parent report tools that can be completed in waiting rooms or at home can reduce the amount of time needed to conduct a screening. Screening is a process and can also be done in parts if a child is seen on a regular basis.

Considerations for Setting Up a Process of Developmental Screening

Developmental screening is a key preventive service for all very young children. Developmental screening protocols should include specifications regarding how often screening should be done, which screening tool should be used, and how to follow-up with and refer children and families. There is no single best way to do screening; there are a number of ways to create a screening process that works best for a program and the children it serves. The following are guidelines to take into consideration as a program develops, implements, and continually monitors and improves its system of developmental screening.

1. Where and When Should Screening Happen?

Screening relies on a process for parental participation to get information from and share information with parents. A process of developmental screening can be incorporated into existing services in a number of ways.

- Developmental screening can be conducted at a time when **other assessments** are being done. For example, during an intake or welcoming process to a program or when doing other types of screening such as for post-partum depression. Screening is an ongoing process and should occur at regular intervals. Remember to build in opportunities for periodic screening.
- Screening can be provided when children visit a primary care or other medical provider to **receive services** such as immunizations.
- Screening can be incorporated during **natural transitions** that exist in a program such as when a child moves from one room to another room in a child care center.
- **Teachable moments,** when parents are open to receiving and sharing information about their child's development, are also predictable times when staff can provide developmental information. For example, a child may be engaged in an activity when a parent comes to pick the child up from a child care center or when a parent and child are in a waiting room. The provider can take this opportunity to talk to the parent about what the child is doing and what it means developmentally.
- **Home visits or periodic meetings** staff may have with parents also provide an excellent opportunity to talk to parents about developmental issues.
- Times **when parents are already present,** such as for parent groups, parent child activities or well-child check-ups, are other opportunities to naturally exchange information with parents.

2. What Tool Should be Used?

While effectively screening very young children presents some challenges, over the last several years advances in developmental testing have improved the accuracy and efficiency of tools available for screening infants and toddlers.[7] A broad array of quality tools are available and no one tool is appropriate for all birth to three program settings. Some considerations for determining which tool(s) will be most appropriate for use include:

- **Scientific rigor** — Tools used should be valid, meaning they measure what they are supposed to measure; reliable, meaning they provide

consistent results; and standardized with diverse populations. The tool should be appropriate for the specific age of the child for which it will be used. *[See the Resources Section.]*

- **Culturally appropriate** — The screening tool you use should also be appropriate for the population you are working with. The content and process of screening should address potential cultural differences. There are tools available in languages other than English. Screening should always be in the primary language spoken or understood by the child and family.
- **Type of tool** — In addition to staff-administered tools, quality parent report tools are also available. While still requiring interpretation by an appropriately trained staff member, parent report tools help to engage the parent in the screening process and usually reduce the time it takes to administer the tool. Depending on the screening process you build and the nature of your program, one type of tool may be more appropriate than another.

Healthy Steps for Young Children, Advocate Health Care: Developmental Screening in Primary Health Care

Healthy Steps for Young Children is a program based in primary care settings that works to enhance the relationship between parents of children from birth to three and physicians and to encourage more in depth dialogue about child development issues including emotional, physical and cognitive development, and behavioral issues. Healthy Steps Specialists, based in pediatric practices, begin their relationship with parents either during the prenatal period or at the birth of the child. The Specialist provides developmental screening and anticipatory guidance, identifies concerns, and helps parents get to know and understand their child and get the most out of visits with their pediatricians. The Specialists participate in shared visits in the physician's office to facilitate communication between the physician and family. Healthy Steps Specialists also provide home visits and work with families in child care centers and act as a liaison between the family and the physician.

The Healthy Steps program takes a comprehensive and holistic approach to screening children and working with families to ensure they understand all domains of their children's development. There are several required screenings. The Denver II Developmental Screening Test is used every six months for general screening and is supplemented by screenings that focus on more specific developmental areas at appropriate times in the child's development. Some of the other tools used include The Temperament Scale, the Behavioral Assessment of Baby's Emotional Development, and the MacArthur Communicative Development Inventory. The Ages and Stages Questionnaires are also used to engage parents and help them focus on their child's development.

3. Who Should do the Screening?

There are a variety of ways to staff the screening process depending on how the process is set up and resources available to conduct screening. Any number of professionals or paraprofessionals can be trained to provide developmental screening. However, screening will be most effective when the staff member conducting the screening knows and has a relationship with the child and family. All screening tools require training for staff who will be administering and interpreting them, including parent report tools. Training should include a follow-up component to allow trainers to periodically review and discuss screening results with staff. Some possibilities include:

- Training all current staff who work with children and families to screen those children within their caseload, classroom or under their care.
- Training and designating one staff member (a nurse, developmental specialist or other) to conduct the screening with all children and to work with parents and other staff in discussing and acting on the results.

While it is clear that screening is best done by a person who has a relationship with the child and family, some programs find it necessary to

Community Screenings

There are many children who may not be involved in any programs or services for young children. Community screenings done in public settings such as schools, community health fairs, or park districts provide one way to reach out to these children and families. A community developmental screening is one in which a trained individual(s) offers developmental screening to any child and family in the community during a community event or in a public setting. Screenings may be a joint effort between several organizations and are also conducted regularly by some school districts. While screening in a community setting may not be ideal because it does not take place within the context of an existing relationship between the family and a constant provider, it does provide an opportunity to reach those not touched by any programs or services.

Community screenings can be most effective when a parental report tool is utilized. Children should always be screened with their parent present to provide observations and share information about developmental concerns. The many distractions in a loud public space make it difficult for a child to react as she would in more typical situations. A parent can provide more accurate observations of behavior in everyday settings. It is also important to have a well-designed and effective system in place for follow-up and referral. In one-time community screenings, it may be more difficult to provide follow-up as you may not have the opportunity to see the child and family again. Another key to providing quality community screening is doing outreach and public awareness to make sure families not involved in other services are finding out about and coming to community screenings. Ideal places to do outreach include local churches, new moms support groups, and community centers.

make trade-offs in order to offer developmental screening. Other possibilities include:

- Hiring a trained specialist or consultant to periodically come into the program and screen children making sure that person works closely with both parents and staff.
- Investigating other community resources that might be available through the local Child and Family Connection (CFC) agency that keeps a calendar of screenings.
- Partnering with other agencies in your community to share resources and offer screening.

4. What Follow-up and Referral Should be Done if a Delay or Disablity is Suspected?

In Illinois, all children are guaranteed a free developmental evaluation through one of the twenty-five Child and Family Connections (CFCs) located throughout the state. (All states have a system for Part C Early Intervention services but there is a great deal of variation in how the system is implemented from state to state). CFCs in Illinois contract with the Illinois Department of Human Services, Bureau of Early Intervention to coordinate developmental evaluations and connect children and families with treatment and services when necessary. Local Child and Family Connections will also have information about screenings taking place in your community. To locate the CFC that serves your area, contact the Bureau of Early Intervention. *[See the Resources Section.]*

continued on page 10

Tips for Working with Parents

- **Recognize that parents may be apprehensive about the screening process.** Work to allay fears and concerns of parents by making developmental screening one integral service in the range of services that you provide for all children. The more common screening becomes for *all* children, the more parents will feel comfortable and accept it as a normal part of service delivery in the given setting rather than seeing it as a negative process to identify problems.

- **Use developmental screening as an opportunity to support the parent-child relationship.** A discussion of screening can open an exchange of information on an individual child's development and child development more generally. Take this opportunity to provide anticipatory guidance — educate parents on what to expect at future stages in the child's development and reinforce the important role they play in their child's development. The more knowledgeable parents are about child development, the more helpful they can be in the screening process. They will also be better able to identify possible developmental issues early on.

- **Ensure that parent input is an essential part of the screening process — parents are the experts when it comes to their child.** Parents spend more time with their children than any other adult in the child's life and have the most familiarity with the child's abilities and behaviors. Never discount a parent's concern. If a parent suspects a problem or has concerns, always refer the child for an in-depth evaluation. According to the American Academy of Pediatrics, several studies have demonstrated that parent reports of the skills of their children are predictive of developmental delays.[8]

- **Be sensitive to parents if they have a difference of opinion about a developmental observation that the screener makes.** Some parents may not recognize or agree with something identified as problematic by the screener. Express any concern you have and explain the context and setting in which it occurs. Give the parent(s) an opportunity to share whether they observe something different. Remember that children may display different abilities and behaviors in different contexts and with different people. Sharing information that indicates there may be a problem with their child can be frightening or threatening to parents. If a parent is not ready to proceed with a developmental evaluation, agree on concrete steps with the parent to monitor the situation and revisit the discussion in the near future.

- **Share the results of a developmental screening with parents in a timely manner regardless of what the results are.** If potential problems are identified, it is important to connect the child with services as quickly as possible. Also, sharing developmental information with parents in a timely manner will relieve anxiety they may have about screening and their child being "okay." Parents will feel more comfortable with screening when it is discussed on a regular and timely basis.

- **Keep it up! The screening process does not end once results have been shared with the parent(s).** An ongoing dialogue with the parent and other providers involved with the child and family is critical. This is particularly important if the child needs further evaluation and services through the Part C Early Intervention (EI) system. Navigating the next steps in the process can be difficult and parents may find it helpful to have someone guide them through the process. If, and when, it is determined that a child needs EI services, it is important to have open lines of communication among these additional providers involved with the child and family.

Commonly Used Developmental Screening Tools for Young Children

There are many objective standardized tools available for conducting screening with very young children. Regardless of which tool is used, the training and philosophy of the program will help or hinder the ability of staff to observe child behavior, listen to parent report, and identify possible delays. Following are a few of the more commonly used tools. For more information about these and other screening tools for use with young children please see the Resources section.

TOOL	CONSIDERATIONS	BEST USED	PUBLISHER CONTACT
Ages and Stages Questionnaires (ASQ)	• High percentage of correct identifications of children with a delay and those with normal development • Reliable and valid on a representative sample* • Must be used at specific ages for which it is published (4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24 months etc.) • Available in Spanish	• To engage parents and provide anticipatory guidance in the context of an ongoing relationship	Paul Brookes Publishing Co. P. O. Box 10624 Baltimore, MD 21285 phone: 800-638-3775
Battelle Developmental Inventory Screening Test	• Can be used to aid in setting learning objectives within the context of a program • Not for use with children under 6 months • Use of cut off scores results in errors in identifying children with delays • Because administration of instrument varies, validity and reliability cannot be assessed	• In combination with other information on child's development	DLM Teaching Resources One DLM Park Allen, TX 75002 phone: 800-323-9540
Denver II Developmental Screening Test	• Easy to administer and interpret • Not standardized on a sample representative of the United States • Although frequently used, when used alone this tool tends to miss children with developmental delays • Available in Spanish	• By a well trained and experienced screener familiar with the child • As part of a process that includes other screening tests or developmental information	Denver Developmental Materials, Inc. P. O. Box 6919 Denver, CO 80206 phone: 303-355-4729
Parents' Evaluation of Developmental Status (PEDS)	• Does not take staff or physician time to administer, only to interpret • Good at identifying children with delays as well as normally developing children • Reliant on parent report • Available in Spanish	• By a parent for discussion with staff or physician	Ellsworth & Vandermeer Press Ltd. P. O. Box 68164 Nashville, TN 37206 phone: 615-226-4460

Information in the Considerations column is adapted from: Mann, T., & Powers, S. (1997). Screening and assessment for Head Start programs serving infants and toddlers. Paper presented at the 24th National Head Start Association Training Conference, Boston, MA. Available online at www.ehsnrc.org/InformationResources/ResourceArticles/ftscreen.htm and Glascoe, F. & Shapiro, H. (last updated August 1999). Developmental and Behavioral Screening. Available online at www.dbpeds.org/articles/dbtesting/developmental.html.

* *"Valid" refers to the extent to which a tool measures what it is supposed to measure. "Reliable" refers to the extent to which a tool provides consistent results.*

If a screening indicates the need for further evaluation, the child and family should be referred to the local CFC for an evaluation. Program staff should work closely with the family and CFC staff to ensure this connection is made and continue to work with the family and additional service providers who may become involved if it is necessary for the child to receive specialized services. For children who do not have a suspected delay or disability at the time of the screening, be sure to build in opportunities for re-screening within your program.

The Bottom Line

Developmental screening should be an integral component of all programs and services for children from birth to three years of age. Developmental screening processes may look different depending on the type of program, agency, or setting in which the screening is taking place. However, there are **key elements** that must be present in all screening processes:

FREQUENCY: Children should have access to **periodic** developmental screenings during their early years. Screenings should happen at least three times during the first year (birth to 12 months), twice during the second year (13 to 24 months), and annually thereafter.

TOOL: Developmental screening should be done using **an objective tool that is standardized, valid, reliable, and appropriate** for the age of the child and the setting in which the screening takes place. The screening must be culturally sensitive and in the primary language spoken (or understood) by the child and family. Screening should be administered by an individual who is trained to use the particular instrument.

FOLLOW-UP: The screening process should **always include follow-up** even if a concern is not indicated as a result of the screening. At a minimum, information should always be shared with the parent or primary caregiver and elicited from the caregiver. When there is a developmental concern, the screening agency or health care provider should always work closely with the child's family, the CFC and any service providers who may become involved with the child and family.

PARENT INVOLVEMENT: Parental observations and concerns should always be elicited during the screening process. Information about the screening process and all screening results should always be shared with parents.

Notes

[1] American Academy of Pediatrics, Committee on Children with Disabilities. (2001) Developmental Surveillance and Screening of Infants and Young Children. *Pediatrics*, 108, 192-196.

[2] Ibid.

[3] Ibid.

[4] Ibid.

[5] Cutler, A. & Gilkerson, L. (2001) Preliminary Results for Birth to Three Developmental Screening Survey of Primary Care Providers. Unmet Needs Project, a joint effort of the University of Illinois at Chicago and Erikson Institute.

[6] Glascoe, F. (2000) Early Detection of Developmental and Behavioral Problems. *Pediatrics in Review*, 21, 272-280.

[7] American Academy of Pediatrics, Committee on Children with Disabilities. (2001) Developmental Surveillance and Screening of Infants and Young Children. *Pediatrics*, 108, 192-196.

[8] Ibid.

Resources

Illinois Department of Human Services, Bureau of Early Intervention operates the statewide Part C Early Intervention program. A list of Child and Family Connections around the state is available at: www.state.il.us/agency/dhs/earlyint/earlyint.html (217) 782-1981.

Help Me Grow/Futures for Kids Helpline is a statewide resource, information, and referral line for parents and providers in Illinois. (800) 323-4769

Local health departments may also be a useful source for information about screening and resources available in your community. A list of local health departments is available at: www.idph.state.il.us/local/alpha.htm

Local school districts participate in Child Find activities to identify and appropriately refer children with developmental delays or disorders. A list of local school districts is available at: www.isbe.state.il.us/research/2000districts1.htm

Provider Connections is an organization that provides training for Early Intervention providers, parents, Illinois Department of Human Services local office staff, and Child and Family Connections staff. Training is provided on a number of topics including developmental screening. Western Illinois University, College of Education and Human Services (309) 298-1634

American Academy of Pediatrics (AAP) — www.aap.org

- Policy Statement — Developmental Screening and Surveillance of Infants and Young Children — www.aap.org/policy/re0062.html July 2001

Early Head Start National Resource Center (EHSNRC) — www.ehsnrc.org

- Technical Assistance Paper No. 4 — Developmental Screening, Assessment, and Evaluation: Key Elements for Individualizing Curricula in Early Head Start Programs — www.ehsnrc.org/pdffiles/FinalTAP.pdf
- A Review of Selected Developmental Screening Instruments —www.ehsnrc.org/InformationResources/ResourceArticles/ftscreen.htm

Pediatric Development and Behavior Homepage — www.dbpeds.org

- A Review of Developmental Screening Questionnaires — www.dbpeds.org/articles/dbtesting/developmental.html
- A Review of Behavioral Screening Tools — www.dbpeds.org/articles/dbtesting/behavioral.html

Author: Karen W. Yarbrough, M.A.

This brief was produced by the Best Program Practices and Outcomes Committee of the Birth to Three Project and is the first in a series of briefs exploring key issues of program quality and best practices within prevention programs for pregnant women and children from birth to three years of age.

The Birth to Three Project, funded by the Robert Wood Johnson Foundation, is a multidisciplinary, multiyear, public-private partnership to develop a comprehensive, coordinated, high-quality system of prevention services for expecting parents and families with children up to age three in Illinois.

For more information on the Best Program Practices and Outcomes Committee or the Birth to Three Project please visit the Ounce of Prevention Fund web site at www.ounceofprevention.org or call (312) 922-3863.

We would like to thank the following individuals for input on the development of this brief: Anita Berry, Healthy Steps for Young Children; Pat Brady, Consultant; Ann Cutler, University of Illinois at Chicago; Deborah Daro, Chapin Hall Center for Children at the University of Chicago; Katherine Falen, Carole Robertson Center for Learning; Linda Gilkerson, Erikson Institute; Theresa Hawley, Ounce of Prevention Fund; Loretta Lattyak, Loyola University; Cheryl Mroz, Illinois Association for Infant Mental Health; Evelyn Norton, Illinois Department of Human Services; Nancy Sinclair, Ounce of Prevention Fund.

Design and Print Production by Elk Grove Graphics
1200 Chase Avenue, Elk Grove, IL 60007
(847) 439-7834 www.elkgrovegraphics.com

OUNCE OF PREVENTION FUND
122 S. MICHIGAN AVENUE
SUITE 2050
CHICAGO, IL 60603-6198
(312) 922-3863
www.ounceofprevention.org